L0800041535			
(Requestor's Name) (Address)	900087887899		
(Address) (City/State/Zip/Phone #)	06/27/0801003004 **55.00		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	08 JUN 24 AM 10:		
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COVER LETTER

TO:	Registration Section	
	Division of Corporations	

Roup, P.L. -)FFIRMA SUBJECT: (Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BLAir Waright - Reg. Agent FFIRMATIOE DEFENSE GROUP, P.L. W. AtLANTIC BLUL. Ste. 203 (Address) (City/State and Zip Code) rgaita

For further information concerning this matter, please call:

at (954) 242 - 3115 (Area Code & Daytime Telephone Number) Jusy Hernandez 954-590-1182

Enclosed is a check for the following amount:

S25.00 Filing Fee

Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF A TO ARTICLES OF OI OF) RGANIZATION	OIVISION OF CO
A FFIRMATIVE DEFENSE (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	AM 10: 05
The Articles of Organization for this Limited Liability Company v Florida document number <u>L08000041535</u> .	were filed on <u>Appil 8, 2008</u> and	assigned .
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabil</u>	lity company here:	
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company," the designation "LLC" or the	he abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		e of the new
Name of New Pagistered Agent:		

<u>Name of New Registered Agent:</u>	•	
New Registered Office Address:		wtic BLud. ste. 203 er Florida street address)
	MARGATE (City)	, Florida <u>33063</u> (Zip Code)
	Desistant descat	

New Registered Agent's Signature, if changing Registered Agent:

•

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

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If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

...

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action		
MGR	FRANK J. INGRASSIA	6101 W. Atlantic Blys Ste 203 Margare, FL 33063	Add Remove		
	; 		Add Remove		
			Add Remove		
		·	Add Remove		
	,		Add Remove		
<u></u>	· 		Add Remove		
D. If amend	ing any other information, enter change((s) here: (Attach additional sheets, if necessary.)	_ · · ·		
	· · · · · · · · · · · · · · · · · · ·				
Dated June 23th, 2008.					
	Signature of a member or authorized representative of a member BLIFIR WEIGH Typed or printed name of signee				
Page 2 of 2 Filing Fee: \$25.00					
	Fil	ing ree: 525.00			